



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION		
Name H David CottA		Member of:	□ Senate
Mailing address		District	ы Senate
55 53rd Fire RO		55	
City, zip code China Me	04358	Phone 20) 2/5	8525
and the state of the state of the season of the state of	E DERIVED FROM EMPLOYMENT BY ANO		
List the name and address of each emplor principal type of economic activity of each el	yer from whom you received compensation mployer.	of \$1,000 or more	e.' Specify the
Name of Employer	Address	Principal Type Activity of I	Employer
State of Maine	Treosuren State Mains. 39 State House Status. Augusta, ME 04333	State 1 MAINE STATE	Weine Legislature
4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)		
derived income. If associated with a partne areas of economic activity of that entity.	siness, if any, and list the major areas of ectrship, firm, professional association, or simila	onomic activity from the second ar business entity,	om which you list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas o Activ (partnership, asso business	ity ciation or similar
Name:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To the many of the second of t	and the second s
Address:			
Name:	 The Control of the Section of Control of C		
Address:		·	

	PART 2 (continued). IN	COME DERIVED F		YMENT :	
is greater, and specify the disclosure is prohibited by	come derived from self-employ e principal type of economic ac r law, rule, or an established o whom the income was derived	rment that represents ctivity of the entity or poode of professional e	more than 10% of you person from whom you	ı derived sucl	n income. If this form o
Name and Address of Source			Activity o	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name:					•
Address:		. *	44		
Name:	27 MEE 55 45 45 45 45 45 45 45 45 45 45 45 45		-	manner, Andreas anno anno anno anno anno anno anno an	
Address:					·
	The state of the s	MAJOR AREAS O	la, di la caracteria de la facilita de la composición de la composición de la composición de la composición de		
List your major areas of p	ractice. If associated with a la	w firm, list the major	AND A COLUMN TO THE COLUMN TO SERVICE A ROSE	- gas to grown agrees o	The state of the s
No.	lame and Address of Firm	· Marie lawer from more separate states you describe the selection of the	Major Areas of Pr (self)	actice \ \ \	Major Areas of Practice (firm)
Name:	•	•	Wilder of the state of the stat		· .
Address:				- CONTRACTOR	
Name:	÷				
Address:					
	The second secon	OTHER SOURCES	and the second s		
List each source of incom	e of \$1,000 or more not listed	in Parts 1, 2, or 3 of t	his form. Do not inclu	de gifts. If no	ne, check the box.
│ □ None	- Tamericking for the control of the	१९४७ - १९५५ <mark>- स्ट्रांस्ट कार्यक कार्यक्रकारणाळ्या प्रकृतक</mark> ्ष	and one course parasigname and particles	্ত্র ক্রম ক্রম ক্রম্বর্ড ভূগ ক্রম ভূগ ক্রম	
	Name and Address o	PERMIT		(invest	(ind of Income ments, leases, etc.)
Name: Defense F	LONDON, KY407	ting (US Militar	y Retirement Pay)	Retire	n Birling in the Company of the Comp
Address: PDB 7136	2 LONDON KY407	42 7130			
Name: Cottoge	and the second s		· · · · · · · · · · · · · · · · · · ·		L Property
	KO ChINA ME	04358		7011.70	
		REPORTABLE L	ÍABÍLITIÈS		
	s for any <u>unsecured</u> loans of of each creditor. Do not list le	\$3,000 or more that	ou received during th		eriod, and list the majo
☐ None					
A Committee of the Comm	Name and Address of	Greditor			al Type of Economic tivity of Creditor
Name:					
Address:	gery to a control of the control of				
Name:					
Address: .				1	
	PAR	Γ6. REPORTABLI	E GIFTS		
List the specific source of none, check the box	each gift of more than \$300.	Include gifts with an a	aggregate value of mo	re than \$300 t	from a single source. I
None		- Land Grant Care Control Cont	Control of the second section of the second	many term of the standard control of	ent () - 18 de Servicio de 1800 de la constitución de 1800 de
to approximately the solution of the second of the	ne of Source of Gift		Name o	f Source of G	ift
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2.	en e	4.	مه المحادث الم	- 22 2	Description of the second seco

PART 7. REPORTABLE	HONO	RARIA	
List the source of any honoraria accepted for appearances or speeches re		4	2 (1877) - 1878 - 1878 - 1879 - 1879
☐ None		**************************************	nuka – in mena merendumung tingi a i penung kemumumun dan Silikhimin mengganpun menandi da Silima menundangka kemahanian
Name of Source of Honoraria	. *************************************	Na	ame of Source of Honoraria
1. 3.			
2. 4.			
PÄRT 8. REPRESENTATION BEF	ORE ST	ΓΑΤΈ A	GENCIES
List each executive branch agency before which you represented or ass the box.			
None		the start has been assessed to be a second	No. constitution of the co
Name of Agency	A Contract		Name of Agency
1. 3.			
2. 4.			
PART 9. BUSINESS WITH S	STATE /	AGENC	IES &
List each executive branch agency to which you or a member of your imm \$1,000 during the reporting period. If none, check the box.			92
□ None			
Name of Agency	100 mg		Name of Agency
1. 3.			
2. 4.			
PART 10. INCOME RECEIVED BY MEM	BERS O	FIMME	EDIATE FAMILY
List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents.	\$1,000 c not include	or more de gifts.	received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received	appro	rcle priate iter	Kind of Income
1.	S	D	The first section of the section of
2.	S	D	· ·
3.	S	D	ren mengeran pangan dan dan dan dan dan dan dan dan dan d
4.	S	D	n 1990 a. a. alam fa aran a manan salah saa manan manan pin salah da amma anna 1 maha basansa an manan sasayor na 1990 a.
SIGNATURE		7 1 1000 .2	
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	to a fine	of \$10	per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the Cowillfully filed a false statement, it shall refer its findings of fact to the Atto	ommissio	on cond neral.	sludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to file the Legislator shall be presumed to have a conflict of interest on ev question in committee or in either branch of the Legislature, and sha (1 M.R.S.A. § 1019)	erv que:	stion ar	nd shall be precluded from voting on any
Dkhill all	(215	TAN 08
Signature			Date

Date

NAME:	DATE:
ADDRESS:	
1 de	ADDITIONAL INFORMATION
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for the
Part/Section	
Number //	Water Monthy Server 55 Getalal Al Vasselbora, Me 04989
Part 4	35 Octobal Al
•	VaseCbora, Me 04989
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